

POSITION	INITIAL S	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		20	6/19
FORMALITY REVIEW	JS	1027	08/04/01
RESPONSE FORMALITY REVIEW	AS	866	12-05-01

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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909  
 8/10/01  
 SE-571  
 12/05/01